How Do Clinical Social Workers Stay Attentive to their Privilege Once in Practice?

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How Do Clinical Social Workers Stay Attentive to their Privilege Once in Practice?

by

Nicole Kaul, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.
Abstract

Social workers hold a significant amount of power and control over people’s lives. As a profession, social workers are a privileged group, predominately white and holding higher educational degrees. Research shows that unexamined privilege will “perpetuate inequality and oppression” (Hillock, 2012, p. 48). As social workers, who are mandated to stand up for social justice, staying attentive to privilege should be a vital part of our practice. However, there is a dearth of research on this topic.

The purpose of this research is to identify how clinical social workers are staying attentive to their privilege once in practice. This qualitative research paper captures the voices of seven licensed clinical social workers from the Twin Cities Metro Area in Minnesota. Data was analyzed using grounded theory and open coding to determine the following themes: taking responsibility, roadblocks to identifying privilege and payoffs for staying attentive to privilege. Implications for social work practice are discussed and include: addressing privilege need to be a priority, overcoming discomfort, improving social work education and empowering practitioners.
Acknowledgment

Thank you Dr. Mari Ann Graham for your passion and commitment to making this an incredible learning experience, for your edits and input, and for empowering us to use our voice.

Thank you to my committee members, Stacy Husebo and Chana Ouray, for your time, encouragement, excitement and input into this project.

I would also like to thank friends, family and fellow students. I would not have made it the last two years without you. Thank you for celebrating, encouraging and commiserating with me along the way.

Finally, I would like to thank all of the amazing clients and co-workers that have shared their lives and stories with me over the past 12 years. You have inspired me, challenged me to grow and have been the inspiration, heart and soul behind this research. Words cannot express my gratitude. Thank You.
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Introduction

On November 24th, 2014 a grand jury announced that they would not press charges against Darren Wilson, the St. Louis County police officer who shot and killed Michael Brown, an unarmed, Black, 18 year old. By that evening people were protesting the decision on the streets of Ferguson, MO. They were met with police in riot gear, the National Guard and tear gas. Protests started to take place all around the country with the message #BlackLivesMatter. #BlackLivesMatter was created by Alicia Garza, Opal Tometi and Patrisse Cullors, three queer women of color, in response to the murder of Trayvon Martin in 2012 (http://blacklivesmatter.com/herstory/). What had started as an online forum had now moved to the streets and local chapters were being established throughout the U. S. (http://blacklivesmatter.com/herstory/).

I was well into my first semester of graduate school at the time. As I followed the news intently and attended #BlackLivesMatter protests, I was surprised by the lack of critical conversations about Ferguson in my life, both in and out of the classroom. I was also struck by the fact that while the attention was focused on police brutality, I couldn’t help but think that these protests could just as easily be directed at social services, specifically social workers.

While we consider ourselves a “helping” profession, social work is still a system that holds a significant amount of power and control over people’s lives. We are in positions to determine who receives services, the quality of those services and who are deemed “fit” parents, to name a few. Our practices are not equal. Statistics show that reports of maltreatment occur at a higher rate for children of color. Studies suggest that this increase of reporting is actually attributed to outside influences, rather than an actual
difference in abuse rates among families of color (Minnesota Department of Human Services, 2010). These disparities are also seen with LGBT youth, who face discrimination, inexperienced providers, and a shortage of relevant LGBT resources as roadblocks to getting the services they deserve (Administration for Children and Families, 2015). This is just a brief glance into the disparities that exist from our unaddressed bias and privilege.

In order to fully address privilege, one must be willing to do their own work to identify their personal privilege. Kat Blaque states:

As a singular person, you are not responsible for the history that has validated these biases. But you can absolutely perpetuate them and fight to maintain them without being aware. So it’s important to call out your own internal biases. Because at the end of the day, you’re not helping anyone if you’re maintaining hurtful structures while claiming to be against them” (Everyday Feminism, 2015).

The work doesn’t end with identifying privilege; we must then make the necessary changes to be proactive in pushing against the systems in which we benefit. In her blog, Black Girl Dangerous (2014), Mia McKenzie describes:

The bottom line here is that if you acknowledge your privilege and then just go ahead and do the same things anyhow, you have done absolutely zero things differently from people who don’t acknowledge their privilege at all. Because the outcome is exactly the same. The impact is exactly the same.

Understanding our privilege is important as we look at the profession of social work. The profession of social work is comprised of mostly white, degree holding people. According to a study by the NASW Center for Workforce Studies (2011), 86% social
workers were white. An additional survey by the Center for Health Workforce Studies (2004), reported that 81% of respondents were women and 78% reported having a MSW, 11.5% BSW and 2.1% a DSW. Accounting for white and educational privilege alone supports the claim that social workers are a very privileged group of people. As Verna Myers (2014) describes in her TED Talk:

> I mean, I know we're not shooting people down in the street, but I'm saying that the same stereotypes and prejudices that fuel those kinds of tragic incidents are in us. We've been schooled in them as well. I believe that we can stop these types of incidents, these Fergusons from happening, by looking within and being willing to change ourselves.

Cornel West begins an interview by quoting Plato, ”An unexamined life is not worth living.” He then goes on to say “How do you examine yourself? What happens when you interrogate yourself? What happens when you begin to call into question your tacit assumptions and unarticulated presupposition and begin then to become a different kind of person?” (Taylor, 2008, 0:00-0:26). This type of questioning is what is needed for us to move forward into a more equitable and just community.

Social work has a long history of providing services to people in a variety of settings. The field of clinical social work continues to have a significant impact on the community. The Substance Abuse and Mental Health Services Administration state that social workers provide the largest amount of mental health services in the U. S. (as sited by National Association of Social Workers, n.d.). According to the Bureau of Labor Statistics in 2014 there were an estimated 109,469 Mental Health and Substance Abuse
Social Workers in the labor force. This is just in mental health! Our influence is deeply imbedded in our communities.

At what point are we going to start truly listening and do the right thing by examining the very thing that continues to perpetuate oppression in our communities—our privilege? In order to explore how clinical social workers stay attentive to their privilege once in practice, this research project begins with a literature review focusing on social justice and clinical practice, the importance of identifying privilege, barriers to addressing privilege, and current practices that address privilege. This will be followed by chapters detailing the research lenses, the method used for this project, findings and discussion.
Literature Review

This literature review provides an in-depth understanding of privilege and how it does and does not show up in practice. The following themes from the literature will be discussed: social justice and clinical practice, importance of identifying privilege, barriers to addressing privilege, and current practices that address privilege.

Social Justice and Clinical Practice

Social justice is a core value in social work practice. Social work is the only profession that clearly identifies this value in its professional code of ethics. The NASW Code of Ethics requires that social workers “pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people” (NASW, n.d.). However, social workers continue to debate whether social justice actually shows up in practice or if the field has abandoned its social justice mission (Specht & Courtney, 1995). In spite of this debate, social justice appears to be a motivator for people who join the profession of social work.

One of the difficult aspects of social justice is that the term itself is so broad. Social workers impact the system on macro, mezzo and micro levels, and many of our conversations around social justice fall into the macro/mezzo fields. McLaughlin (2011) and Olson, Reid, Threadgill-Goldson, Riffe and Ryan (2013) interviewed social workers to determine how they defined social justice and implemented it into practice. Both studies found that participants had difficulty describing social justice and did not have a clear definition of the term and how it applied to practice. Interestingly, participants were able to identify advocacy, access to services and respecting the client as values they had in working with clients; all of these are aspects of social justice. This brought into
question whether social work education, which defines social justice in broad terms, fully helps students understand how it translates into practice. As McLaughlin (2011) states, “if we continue to conceive of the concept of social justice abstractly or as something that exists outside of our day-to-day practice, we risk opportunities to fully embrace our social justice mission” (p. 249).

Regardless of whether social workers have clear language and a full understanding about how to translate social justice into practice, the literature is clear that they define their work and ethics at the micro level in terms of the profession’s social justice orientations. Olson et al. (2013), for example, found that clinical social workers often advocated on behalf of their clients by breaking down stereotypes and social stigma as well as questioning policies and procedures that were discriminatory. McLaughlin (2009) discusses how social workers use “instrumental, educational and practical advocacy” (p. 56). Instrumental advocacy has to do with the steps social workers take for the betterment of their client. Educational advocacy includes informing clients, co-workers, families and communities about resources, issues, etc., and practical advocacy has to do with connecting clients to the services they need and ensuring that those services are delivered. Participants in McLaughlin’s (2009) study “clearly identified advocacy strategies as their best efforts to link clinical practice with social justice; advocacy with and on behalf of clients to access resources, increase opportunities and reduce barriers and stigma” (p. 63).

Another way social justice shows up in social work is by developing programs that address injustices and take a more pro-active or preventative approach. Examples include sexual assault awareness and advocating for clients with mental illness (Olson et
These pro-active approaches often involve developing long-term plans to address issues as well as working very closely with the community. Respondents in the Olson et al. (2013) study also mention the need to sometimes manipulate the system if the policies did not benefit the client. For example, a social worker asked a physician to delay a hospice order for a patient so that their social security check would be extended into the next month. This allowed the family to have the needed finances for a burial (Olson, et al., 2013). Social workers in this study interacted with the mezzo level in order to create change for clients.

By contrast, a study of 710 New Zealand social workers showed that only a small percentage of participants advocated for social justice issues on the macro level of politics and policy; most reported being focused on their individual cases and taking social justice action on a micro level (O’Brien, 2010).

Social justice is still very much alive and well in the thinking of social workers about the nature of their practice, but it is a social justice which is focused strongly on their daily work rather than on impacting on and affecting economic, social and cultural structures which create and sustain injustice (O’Brien, 2010, p. 185).

Andrews and Reisch (2002) interviewed a group of seasoned social workers and found:

Widespread agreement among respondents that radical social workers challenge the status quo–inside and outside the profession–in ways that most social workers do not, largely because the profession is part of the dominant culture and as such, is unable to confront the prevailing social order (p. 22).
The literature describes a variety of ways that social justice shows up in clinical practice including advocacy and collaboration with the clients, and that social workers are aware of the value of social justice in practice. However, the literature also reveals that more is needed in order to fulfill our social justice mandate when we consider the social service value placed on cultural competence and diversity.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability (NASW, n.d., 1.05(c)).

Additionally, a systematic review done by Maschi, Baer and Turner (2011), found that there is a lack of empirical research on how much social justice is incorporated into the work of clinical social workers and calls for more research that can “give voice to clinical social workers and their practice” (p.248).

The literature reveals a consistent focus on work with or on behalf of the clients, but there is another social justice issue: considering one’s own privilege and how that impacts practice.

**Importance of Identifying Privilege**

Professional literature suggests that good intentions are not enough to provide the best interactions and interventions for clients due to unidentified privilege (Lee and Bhuyan, 2013). In order to avoid making mistakes in practice and missing areas of privilege, one must be vigilant to identify their privilege and work toward anti-oppressive work (Hillock, 2012). “Without recognition and understanding of our own privilege and
oppressive behavior, we also run the risk of continuing to perpetuate inequality and oppression” (Hillock, 2012, p. 48). Lee and Bhuyan (2013) make the important point that experienced professionals will marginalize their clients if they are not careful. They state, “We find that even seasoned and well-intentioned therapists may perpetuate clients’ marginalization and dominate the therapy process by asserting and maintaining whiteness as an unmarked standpoint in clinical encounters” (p. 121).

Swenson (1998) describes an approach that presumes values and beliefs are neutral, but actually upholds the culture and values of the dominant culture. She goes on to say that while practitioners have an awareness of their own oppression, there is less attention given to power and privilege in the therapeutic role. Since it is hard to see one’s own privilege, this places an additional burden on the client who is very aware of power and privilege dynamics. Additionally, Swenson makes the important point that self-reflective work is essential when working with clients who are also oppressors.

Cultivating the skills and awareness to consider one’s own privilege is essential in practice. Nicotera and Kang (2009) made students grapple with the ideas of privilege; both one that they acknowledged and those they had missed (ableism, etc.). They suggest that in order for students to become effective critical social work practitioners, they must first come face to face with the ways in which their identities as individuals and social workers are created by unexamined power dynamics: “Students become capable of serving in this radical capacity when they are able to shed the assumptions created from a world view based on privileged social locations” (Nicotera and Kang, 2009, p. 191). Their research also stress the necessity of instructors doing their own work around privilege in order to be able to facilitate these conversations with students.
Additionally, Wahler (2012) took this concept a step further. She found that encouraging students to identify their own bias and then develop awareness and exposure to those groups proved to break down stereotypes and improve student attitudes:

They [students] are shown how to self-correct and address problematic beliefs and values that allow for success in working with oppressed and disenfranchised groups-this ability will not only be helpful in their own practice but may help them later when they become supervisors of others (p. 1069).

**Barriers to Addressing Privilege**

If having good intentions and believing in social justice is not enough and considering our own privilege would improve services to clients, why aren’t we doing this? The literature reveals a number of barriers. These include: white fragility, student and practitioner resistance, lack of training and education, and barriers in multicultural curricula.

**White fragility.** DiAngelo (2011), defines white fragility as “a state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves” (p. 54). She describes a number of ways that white people are sheltered from having to deal with the realities of racism and once they are face to face with the evidence of their privilege they become defensive.

Peggy McIntosh (1988) in her paper on white and male privilege, describes her own experience with looking at her white privilege:

For me, white privilege has turned out to be an elusive and fugitive subject. The pressure to avoid it is great, for in facing it I must give up the myth of meritocracy. If these things are true, this is not such a free country; one’s life is
not what one makes it: many doors open for certain people through no virtues of their own. These perceptions mean also that my moral condition is not what I had been led to believe. The appearance of being a good citizen rather than a troublemaker comes in large part from having all sorts of doors open automatically because of my color (p. 9).

This was written in 1988 and is still as relevant as it was the day she wrote it.

DiAngelo’s (2011) critique of white fragility helps put into context why after all these years white people are still resistant and in denial about their privilege. She discusses how white people feel entitled to racial comfort:

White insistence on racial comfort ensures that racism will not be faced. This insistence also functions to punish those who break white codes of comfort. Whites often confuse comfort with safety and state that we don’t feel safe when what we really mean is that we don’t feel comfortable (p. 61).

This over exaggeration of discomfort takes the focus off the pain of the person of color and back onto the white person. As DiAngelo (2011) states, “if we can’t listen to or comprehend the perspective of people of color, we cannot bridge cross-racial divides” (p. 66).

Research by Boatright-Horowitz, Marraccini, & Harps-Logan (2012) also found evidence of white fragility stating, “learning about White privilege is necessary for college students to increase their sociocultural awareness; however, these lessons often trigger defensiveness in White students.” Unfortunately, the consequence was that students who felt personally attacked by the discussion were not likely to leave with an understanding of the concept of White privilege.
Boatright-Horowitz et al. (2012) also found that White students would often distract from conversations about institutional racism and its impact on people of color by talking about their own experiences. This dynamic is challenging when teaching about White privilege. However, Boatright-Horowitz et al. (2012) stresses the importance of the topic stating, “when the topic of White privilege is omitted from the curriculum in our college survey courses, then we are actively perpetuating societal racism, and we are ourselves exhibiting White privilege” (p. 908). DiAngelo (2011) urges that it is essential for white people to build stamina for conversations around race so that they are able to actively engage. She suggests that this inform our interventions and encourage people to assess their engagement level. By doing this, it allows people to connect the information with their own lives. According to Boatright-Horowitz et al. (2012), “helping White students understand how racism is manifested in modern society, without causing them to feel criticized or personally attacked may increase the effectiveness of these interventions” (p. 909).

**Student and practitioner resistance.** In addition to white fragility, student and practitioner resistance also proves to be a barrier to addressing privilege. Research by Swank, Asada, and Lott (2001) compared undergraduate social work students to their classmates to measure the difference in motivational attitudes about multiculturalism. They found that generally students were open to multicultural experiences as long as it was optional. Students expressed ambivalence or opposition if multicultural experiences became universal or required their support. Their implications suggest that instructors encourage students to learn and understand multiculturalism, but this will require that instructors should present the material in a way that doesn’t pressure student or make
them feel that it is mandatory. These findings support the concept of building stamina to combat white fragility and the need to be careful not to criticize or attack when talking about privilege (Boatright-Horowitz et al., 2012 & DiAngelo, 2011).

Research has also found that the context of safety, threat to self-image and feelings of anxiety can contribute to this resistance (Pitner & Sakamoto, 2005 and Bransford, 2011). Pitner and Sakamoto advocate that practitioners develop critical consciousness. However, it takes incredible discipline and ability to stay attentive to one’s own thoughts, beliefs, and identities and pay attention to how that impacts their thinking about diversity and culture and they warn that it could cause “cognitive load” and increase stereotyping. “If a person is under cognitive load or if there are counter-transferential issues, he or she may be more likely to engage in stereotyping” (Pitner & Sakamoto, 2005, p.692).

Interestingly, a study that followed a MSW course in identifying heterosexual privilege showed that the anxiety that was described by students had to do with concerns about not being a good ally and how their heightened understanding of heterosexual privilege would impact their relationships with friends and family (Walls et al., 2009). Students were not required to attend this course, making them more willing to fully participate in the classroom process.

**Lack of training and education.** As Kaschak (2011) says, “We do not see what we have not learned to see” (p.8). Without proper training and education practitioners are unable to identify and address their privilege in practice. Hays, Dean and Chang (2007) interviewed 16 counselors on their experience addressing privilege and power in therapy sessions. They found that participants felt they were not adequately prepared to address
power dynamics in the therapeutic relationship and the training that they did receive was not applicable to practice. Classes were too large to have the safe space needed to properly discuss the topics of privilege and oppression; in addition to the fact that multicultural issues were only being discussed in one class and not throughout their curriculum. Additionally, supervisors in the field were not addressing privilege and power with them and they often felt they were the ones educating their supervisors on these issues. “Counselor trainees may be unaware of their reaction to clients based on cultural makeup. Open discussions of reactions to clients can be an important tool in supervision to facilitate multicultural counseling competency” (p. 323).

Research by Mindrup, Stray, Lamberghini-West (2011) supports this critique and stresses the importance of such curriculum, stating:

Education and training in white privilege and MCC should not be restricted to one single course of seminar. Graduate programs and educators who fail to embrace human diversity and to demonstrate multicultural competence will surely fail their students and ultimately the mental health consumers who seek their services (p. 34).

**Barriers in multicultural curricula.** In addition to a lack of education, some suggest that multicultural curricula are problematic in that they reinforce the norms of the dominant culture (Nylund, 2006). This attention to pluralism is “tailored to meet the needs of the dominant group of well-meaning white graduate students by including sufficient information regarding specific cultures to enable students to engage in what is believed to be an ethnically sensitive practice” (p. 40). Nylund argues for a critical multicultural practice that includes critique of whiteness and for white social workers to
commit to anti-racist work. Akinyela and Aldridge (2003) reminds us that “social work training in American schools is rooted in a framework that is both culture and class biased in favor of the European upper middle class majority” (p. 69). This supports the student observations from the Mindrud, et al. (2011) study that the theories being taught were primarily Eurocentric.

Additionally, Bransford (2011) reports that students learn intellectually, but “it appeared that students, along the lines of the panoptican, regulated, at times, their own responses within classroom setting to conform to what they thought was the expected social work comportment” (p. 941). This led to a rather disheartening conclusion:

Thus, while students could perform well academically on tests and written papers, and understand intellectually the processes of oppression and subjugation, the sentiment among many students was that nothing, after all, had really changed in their experiences with one another (Bransford, 2011, p. 942).

It is worth noting, however, that Mindrup, Stray and Lamberghini-West (2011) found that social workers were more aware of their white privilege and open to confronting it than were psychology students. The authors attributed this to the possibility that social work education focuses more on multicultural competency and therefore had a positive impact on social workers perspectives of white privilege.

Current Practices that Address Privilege

As we have addressed the need to identify privilege and the barriers that keep us from identifying privilege, it is important to learn from what has been done. There are current practices that address privilege in curriculum and in practice.
Curriculum. There is a variety of literature that describes curriculum that can address the need for students to examine their privilege. Nicotera and Kang (2009) ask students to critically think about culture and the ways that the privileged parts of their lives are considered the norm. The structure consists of lecture, small and large group discussion and reflection. Their approach calls for:

Creative teaching strategies that are well integrated into course content, classroom atmosphere that promotes willingness among students to explore difficulty and painful issues, the social work educator’s own critical consciousness as means to confront her or his own unearned privileged social identities and research efforts to gain empirical evidence for teaching strategies that promote the development of critical consciousness (p. 202).

Bransford (2011) support these strategies of creating a safe and relational space within the classroom, and calls for educators to model skills and help students connect a social justice perspective into their professional practice. Counseling students who were interviewed in a study by Hays, Dean, and Chang (2007) suggested that classroom discussion and activities be used in the curriculum and that current resources be used to identify privilege and oppression.

At Boston College, doctorate-counseling students are given first year experience placements in order to provide more direct experiences with social justice than just a typical clinical setting (Goodman et al., 2004). A specific component of their curriculum is attentiveness to self-awareness. Students go from thinking they have the answers for clients to realizing they have more questions and checking their own values when they don’t align with the clients. “We must acknowledge that our work will remain grounded
in our own histories and experiences” (p.821). This program also noted that the students felt it was risky to be so vulnerable in front of other students and faculty. This again stressed the point that faculty need to do their own work and model vulnerability for their students.

The hope is that students will wrestle with and acknowledge their privileged social identities in such a way that they will be equipped to impact the systems that are in place that are perceived as neutral, such as agencies, policies, and diagnostic materials (Nicotera and Kang, 2009). With this type of vision in social work curriculum, students will have the foundation necessary to make much needed changes to our system as they enter the workforce and especially management positions.

**Organizations.** Parker (2003) studied an organization that is attentive to power dynamics among staff and clients. They hold a high standard for their therapists and have measures to ensure they are meeting those standards. “Therapists are also monitored for sexism, racism, and homophobia, by other team members who observe sessions from behind a one-way mirror (or via a television monitor). These observations provide accountability for therapist in sessions and raise their consciousness” (p. 276).

Peacock and Daniels (2006) studied a residential treatment center that has taken a similar approach to develop an antiracist framework. They are adamant that “unless an organization is intentionally antiracist, everything it does will disproportionately benefit White people and disseminate racism” (p. 139). The faculty has five shared assumptions that they use as guidelines to interact with one another, both staff and clients. This includes the leveling of hierarchy, which means that each person’s role on the team is seen as significant and decisions are made together as a team. It also operates with the
understanding that the “team is the treatment” and honors the various viewpoints that everyone brings to their work (p.150).

The understanding in both of these examples is that organizations had to be anti-oppression and put into place specific criteria to ensure that their facilities pushed against the “norm” and unintentionally reinforced the dominate societies cultural norms.

Summary and Research Question

This literature reviewed the themes of social justice and clinical practice, importance of identifying privilege, barriers to addressing privilege, and current practices that address privilege. If social justice is a mandate in our code of ethics, staying attentive to privilege should be an essential aspect in all social worker’s practice. As described above, good intentions are not enough when addressing privilege. Barriers still remain that impede practitioner’s identifying their privilege. The literature describes that organizations and curricula that specifically address privilege are the exception rather than the rule. Identifying and understanding one’s own privilege and implementing that knowledge is an important step in undoing the social structures that enforce oppression. Therefore, the research question for this study is, how do clinical social workers stay attentive to their privilege once in practice?
**Lenses**

In research it is important to identify the ways we look at the world and what has impacted and influenced our understanding. A researcher’s personal beliefs and values impact the research process, how we understand the problem, select and interact with research subjects, what literature we gravitate towards, how we interpret that literature, what data we decide to collect and how we analyze that data. Identifying the various lenses we use helps readers understand the context in which this research project was inspired, formulated, interpreted and critiqued.

In this chapter I will identify and describe my theoretical, professional and personal lenses.

**Theoretical Lenses**

The following theoretical lenses are used in this research: conflict perspective and feminist theory.

**Conflict perspective.** Conflict perspective identifies the impact of political, social, cultural, and economic conflict on human behavior (Hutchison, 2011). According to Hutchison (2011), some social groups have power over others and exploitation can be identified by the absence of conflict. Another aspect of the conflict perspective is critical theory that takes the larger picture of conflict theory and applies to on an individual level (Hutchison, 2011). This perspective looks at ways in which members of oppressed groups have adapted and reacted to the dominant group. Additionally, Robbins, Chatterjee and Canda (2011), describe “analysis of power disparities that result in group conflict, inequality, and oppression assists us in understanding historical and contextual...”
elements that have previously received little attention in human behavior textbooks” (p.80).

As conflict theory addresses the social, political, cultural and economic conflict at the foundation, it becomes useful is using this theory to identify privilege and look at who has power and what are the structures that are in place to maintain those structures of power. This theory allows us to identify that structures and elements of power have to be identified in order for us to become more aware of our privilege. Conflict theory is a very broad theory in looking at systems, which leads us to Feminist theory to address the individual implications for this study.

**Feminist theory.** Feminist theory gives attention to the power imbalances based on gender. This theory “provides a lens that can be used to examine and deconstruct systems of power” (Robbins, Chatterjee, & Canda, 2011, p. 107). Feminist theory identifies social and political structures as key factors in the struggles people face. According to Robbins, et al. (2011), “identifying problems, developing solutions, and organizing for change must occur at political and institutional levels as well as the personal level” (p.114). Feminist theory also brings forth the idea of intersectionality. This idea originated from women of color to challenge the idea that all women had similar experiences of oppression, when in reality race, class, age and sexuality all had different implications and needed to be considered (Robbins, Chatterjee, & Canda, 2011).

This theory has impacted the development of this project by enhancing our conflict theory lens so that we can identify many different ways we hold privilege on an individual level. Feminist theory also allows us to identify intersectionality. This will be
useful because all of us have many layers of privilege that vary from others and it is important that I don’t miss this when I analyze the data.

**Professional Lens**

I have 10 years of experience working with people from many backgrounds. I am able to build rapport, establish trust and positive relationships with people. Much of my experience is in domestic violence and working with children and families. This has shaped my feminist perspective and I am very attuned to power dynamics within relationships and our communities. Leading up to graduate school I worked for a non-profit that made discussions and understanding of privilege a priority. These discussions were primarily around gender but also included racism and heterosexism. We strived to be aware of the intersectionality that occurs as we talk about oppression. Working in this organization for two years gave me a rich opportunity to come face to face with my privilege in a way that I hadn’t done. It allowed me to understand the damage that an attitude of having all the answers and “savior mentality” has on the work I do. I really began to appreciate and understand the importance of letting individuals and groups find their own solutions within their community. If I came to a problem with all of the “right answers,” then I was perpetuating oppression and demanding assimilation that fit into my way of thinking and being. It is something that I have to stay very attentive too because it is so ingrained in me. This change and understanding does not happen overnight and I will never be done learning and making mistakes. I am on the journey to further discover, understand and push-against my privilege.
**Personal Lens**

I am also personally committed to understanding privilege. This life long journey began when I took a human diversity course as an undergraduate. Within that class that I came face to face with “others” and for the first time realized that I didn’t know everything and that I had a lot of listening to do. I would describe this time in my life as gaining multicultural understanding rather than identifying privilege and systems of oppression. This journey continued throughout college and into my first job at a battered women’s shelter. During that time I began to understand the impacts of oppression on women, poverty, and racism and the systems that held those things in place. I slowly began to see some of the privileges I had in my own life but it still wasn’t personal.

Now, I am about three years into really addressing my personal privilege and how that impacts all areas of my life. Beyond being a woman, I hold a lot of privilege. I am white, straight, able--bodied and have had access to education, employment and eventually social capitol. I am personally curious and want to deepen my personal and professional understanding of privilege so that I can be attentive to it. I desire more answers, tools, and opportunities to further understand my own privilege and to bring that understanding into my personal and work life.
Method

In order to address the question, How do clinical social workers stay attentive to their privilege once in practice?, this study used a qualitative research design. Qualitative research is favorable to studies that explore lived experiences and provide in-depth answers to questions that quantitative research cannot provide (Denzin & Lincoln, 2000). Due to the exploratory purpose of this research and the need for in-depth conversations and nuanced understandings (Denzin & Lincoln, 2000), qualitative research was the best option.

More specifically this study conducted two individual interviews with seven participants. The first individual interview was used to ask participants about their personal and educational experiences in staying attentive to privilege, current things they have learned, and challenges they faced. A second individual interview was used to ask participants to reflect on the first interview with the researcher and the journaling they did between interviews.

Auto-ethnography and action methods were considered for this research, however due to the exploratory nature of the research, a basic qualitative design was chosen. The purpose is to better understand what practitioners are doing to stay attentive to their privilege, how they have connected their theory to practice and how it has impacted their practice. Using qualitative research the researcher was able to gather data about social worker’s experiences related to this topic. Individual interviews were used given their capacity to explore issues and generate ideas (Drake & Jonson-Reid, 2008).

In order to describe the proposed methodology for this project, a number of issues will be discussed. These include sampling procedures, protection of human subjects,
instrumentation, data collection and data analysis procedures. This chapter will conclude with a brief discussion of the strengths and limitations of this research design.

**Sampling Procedures**

Participants selected for this study had to meet the following criteria: 1) Have an LICSW, 2) have direct contact with clients, and 3) have a commitment to identifying privilege in their personal and professional life. The literature review shows that there is little research about how social workers stay attentive to their privilege and what this looks like in practice. Additionally, clinical social workers have come under criticism for not necessarily upholding the profession’s social justice mandate due to their individually oriented focus in practice. Better understanding the experience of this specific population could help bridge the gap between social justice and clinical practice.

Seven participants were selected using purposive sampling in order to identify participants who have critically assessed their privilege and are applying it to their practice (Monette, Sullivan, Dejong, & Hilton, 2014). I sent emails and made phone contacts using my professional connections in the community. I developed a flyer (see Appendix A) that included criteria and my contact information. These key informants gave the flyer to professionals they knew who would meet the criteria for the study. Due to a low response rate I made adjustments by eliminating the focus group and replacing it with a shorter follow-up interview. I sent out another set of emails to new informants to continue to recruit participants and posted on social media. Potential participants contacted me directly by phone or email if they wished to participate. Two of the participants asked the informant to give me their contact information and contact them directly. I informed them about the details of the study, the risks and benefits of
participation and the expectations if they decide to participate. I also screened the potential participant to make sure they met criteria for participation.

**Protection of Human Subjects**

This project was approved by University of St. Thomas IRB and fulfilled all of its ethical requirements. The following requirements are described in detail: voluntary participation, informed consent, confidentiality, and risks and benefits.

**Voluntary participation.** Participation in this study was completely voluntary. Individuals who were interested in participating contacted the researcher independently or requested that the research contact them. Participants were not coerced or pressured to participate.

**Informed consent.** Participants were sent a consent form prior to the individual interview to review it in advance (see Appendix B). At the time of the individual interview, I reviewed the consent form with each participant. Participants were given the opportunity to ask any questions and raise any concerns they had. Participants were informed that they could opt out at any point in the research project. They were informed that if they choose to do this, documents that have already been collected would be destroyed or returned to the participant and data would not be used.

**Confidentiality.** Data was kept in a locked file, password secured computer and password secured phone used for recording. Interviews took place at private locations determined by the participants. The names and any identifying information were not shared and identities of the participants were protected.

**Risks and benefits.** The topic of privilege can be a sensitive topic for some people. It requires that participants are vulnerable when discussing their experiences and
may cause emotional discomfort. Awareness of privilege can be painful, so sharing
details about this can recall uncomfortable feelings. In order to best address this I
conducted an individual interview with each participant. Participants were then asked to
continue thinking about their privilege and write down any reflections they had about the
interview and their personal and professional interaction. A follow up interview was
conducted to share further thoughts and reflections of their understanding of privilege.

Participants were asked detailed questions about their privilege, both personally
and professionally. They were also asked to reflect on this topic for one week.
Participants may have found this challenging and may also have found it rewarding and
that it enhances their work.

**Instrumentation**

The individual interviews were semi-structured, standardized interviews that
consisted of a series of questions about the participant’s understanding of privilege and
the ways it has impacted them personally and professionally. The interviews included the
flexibility to use probes, rephrase questions or ask questions in a different order if needed
(Monette et al., 2014). I developed questions based on the literature and related to the
topic of privilege and practice. Each question built on the last, helping keep the interview
on track (see Appendix C and D).

The follow up interview followed the same semi-structured format. Participants
were asked to reflect on the things that stood out to them from their individual interviews
and thoughts that they had since the first interview, how it impacted their thoughts at
work, and any other ideas they had about identifying their privilege and incorporating
their insights into their work.
In order to insure the face validity of the interview schedule the research committee consisting of one faculty member and two community members who have an interest in this topic, reviewed the instrument.

**Data Collection Procedures**

Data was collected using individual interviews. Participants also kept a journal between interviews, noting any themes that they noticed in their entries and experiences as well as additional thoughts about privilege and their practice.

I audiotaped and transcribed individual interviews verbatim. I saved de-identified transcript data on my personal computer that is locked with a secure passcode.

One threat to validity of this research is that participants may have felt pressed to tell me what they think I wanted to hear for fear of looking bad. In order to reduce this threat and strengthen the rigor of this research, I used triangulation of methods by collecting data through two separate interviews and journals.

**Data Analysis Procedures**

I analyzed data using grounded theory and open coding to determine themes (Padgett, 2008). I made seven transcripts based on the individual interviews with each participant. I also reviewed data by question across all 7 participants. After multiple reads of transcripts, key words and phrases were extracted from the data then organized into categories. These categories were used to look at data again and identify quotes that corresponded to each category. These categories were reduced into five major themes.

After consulting with the faculty chair of this project, we decided that the themes were not conceptually as clear as they could be. So, in order to clarify themes, I went back to the original lists of key words, phrases and categories. Again, five themes were
identified and I went back to the original transcripts to extract all quotes that fit into these themes. I compared this to the original set of themes to ensure important concepts had not been missed. This proved to be an important step because eight quotes were missing, five of which were not a good fit anyway, and the other three could easily be added without changing the new theme configuration.

After consulting with the faculty advisor, I continued to clarify theme titles and subthemes. Data were sorted using these new titles and subthemes. The process of data analysis was discursive, requiring that I go through the entire data set multiple times using different lenses, looking for different things. These procedures exemplify “investigator responsiveness”, “active analytical stance” and “reflexivity”—all important principles in qualitative data analysis (Graham, personal communication, May 2016).

**Strengths and Limitations**

A strength of this study’s design is in the sample. Participants had an LICSW and are in direct practice with clients. Collecting data from this sample begins to address the gap noted in the literature. Using individual interviews allowed ample space for participants to discuss their ideas about privilege on their own terms, and results use their words. Collecting data twice from participants allowed participants the opportunity to reflect, to further discuss the topic with others and make further observations on how privilege shows up in their practice and identify ways they might continue to be attentive.

The data analysis process was rigorous using important principles noted in the qualitative research literature.

A limitation of this study is in its small sample size representing clinical social workers from the Twin Cities only. Any conclusions would have to be tentative until
further research could be done in other metro areas as well as rural areas (Grinnel & Unrau, 2011).
Findings

The following chapter reports the findings of this study. Description of research participants and observational data are presented first. The themes that emerged from the data, along with supporting documentation are then presented. These include: taking responsibility, roadblocks to identifying privilege, and payoffs for staying attentive to privilege.

Description of Participants

All seven participants held an LICSW, were currently in direct contact with clients, and provide services that include: direct mental health services, case management and supervision. Participants practice in the Twin Cities Metro area of Minnesota. The amount of social work experience ranged from two to 20 years since their completion of their MSWs. Six participants were female and one participant was male.

Observational Data

All participants, except for one, chose to have the researcher come to their place of employment to conduct both individual interviews. The first interviews ranged from twenty-two minutes to sixty-four minutes in length. The second interview had fewer questions, and interview time ranged from thirteen to forty-three minutes in length.

Participants appeared to be very open and honest with their answers. Most participants expressed excitement and interest in the topic, which increased the rapport between the interviewer and participant. A few participants expressed gratitude for being able to participate and noted that it was an important topic to think about and research.
Participants reported having personal experiences with others and an ability to recognize inequality that helped them understand the concept of privilege and then connect their experiences to their subsequent social work education about privilege.

Participants varied in how they described privilege. Some spoke in very broad terms without really answering the question while others used descriptions like *luck, set of advantages we all get through identify characteristics based on how status is conferred, something I get without earning it, allows more options and access, life is easier for you, based on how people see me*. Interestingly, participants’ actual attentiveness to privilege varied from not really thinking about it very much to being more attentive when something got their attention to other participants being very attentive.

Finally, participation in this study appeared to have a positive impact on participants and their awareness of privilege. At the time of the second interview, 6 of the 7 participants reported thinking about privilege in more areas of their life, had conversations with family members and co-workers, and had given more thought to how they might be more attentive to privilege in their work. The one participant who did not express these views reported that she *had minimal time for reflection, which ends up including minimal time for reflection on clinical issues like privilege*. This participant had already reported being attentive to privilege and was still able to reflect on how privilege had impacted work decisions from the previous week.

Participants described their experience after the first interview as *thinking about [privilege] more* and being *more awake*. Two participants came to the realization that they were less attentive to privilege than they had previously thought they were:
I thought that I was aware of it and I had gotten to a place where I wanted to ignore it and that shocked me!

The participant who described herself as being more awake, noted:

You know, that I’m more awake . . . even at home reading the newspaper, you know. It’s like, oh, I wonder if that would have caught my eye a week ago, you know? Prior to our conversation, would that have caught my eye . . . even a week ago? Maybe—maybe not.

One participant firmly stated that participating in this study renewed a commitment to further understanding privilege:

I think that it’s reminded me of my responsibility . . . I do think it will be something that will be impacting conversations that I have. I need to be willing to keep my eyes open and my ears open and my heart open to this topic and not be dismissive about it because I can be. I’ll be continuing to think about it. I will. It’s not going to be something that I don’t think about again at least for a while.

Five respondents specifically reported that they found themselves to be more attentive and thoughtful about privilege in their work settings. One participant noted how awareness of privilege actually helped kick my clinical skills in. Another described his thought process after dealing with a client who was having symptoms of trauma and who was having a difficult time understanding his condition. This participant concluded that the client didn’t have the privilege of education.

A third participant found herself in a new situation, having to incorporate a new client, who would need an interpreter, into a therapy group. She stated:

[I] caught myself thinking about what it is going to be like from that client’s perspective more . . . and brought it up more to the therapy team. We have to consider what that is going to be like for the client and for the group and how are we going to make that work.

Finally, a respondent was discussing the study with their co-worker and pointed out a privilege they both shared. The co-worker replied: You know this [concept of privilege] is really interesting; I’ve never looked at it that way.
Taking Responsibility

All seven participants discussed ways that they took responsibility for staying attentive to privilege. Four subthemes emerged: acknowledging privilege, reflective practice, continued education, and speaking up about privilege.

Acknowledging privilege. One of the ways participants took responsibility for being attentive to their privilege was by acknowledging it. They described this as accepting the fact that they have privilege, bringing it up with clients, agreeing with clients when the client brought it up, and apologizing when they made a mistake.

A participant explained:

*I think you just have to be authentic and admit, when you know, like it’s okay to have it on the table and name it. I think it’s really important to be able to do that.*

One participant described how acknowledging their privilege is important in the therapy process:

*Privilege is a major issue in their [the client’s] daily life and if I don’t see them and be willing to talk about them at least indirectly, we only get a limited amount done in therapy.*

This participant also described how they have found it useful to indirectly approach the topic of privilege with clients. She discussed how direct conversations about privilege can be uncomfortable for clients:

*Ok, as a white therapist, there are going to be things that I am not going to get right. Instead of sitting down and saying how does it feel to work with a white therapist?*

Another participant described the importance of agreeing with the clients when they bring up the topic of privilege. She described how she responds, stating:

*Yeah, you’re right. You know I don’t know what it’s like to be Black, but let’s talk about it. Or tell me what the issue is right now. Or, what is it that I’m not understanding?*
Finally, participants noted the importance of acknowledging when they make mistakes and apologizing if they have offended a client as a way of taking responsibility. One participant describes how she is open to her mistakes and being aware of when that is happening, stating:

*I think making sure I’m noticing when that’s happening and investigating and being able to apologize and accept responsibility for [the offense] and mean it.*

Another participant stated the importance of simply saying: *I think I messed up last time.*

**Reflective practice.** Participants discussed how reflective practice is a way of taking responsibility for privilege. They described reflective practice as being *mindful, intentional* and *recognizing it [privilege] myself.* One participant describes their view of reflective practice:

*I think by being mindful. By reflecting on situations and my role. Being intentional in how I communicate and how I work with staff.*

Another participant describes how she stays grounded by stating:

*Just keeping myself connected to the idea that human experience is bigger than a bunch of clinical language and diagnosis.*

When confronted with her privilege, one respondent talked about how pausing and reflecting on the situation helped her:

*I’ve got to think about this. Like I need to sit with this for a while and take this [in]. Because I think that this is truth and I just don’t know how to handle this right now.*

She went on to describe how important reflective practice is:

*It’s really hard to say, we are not doing a good job you know. And it’s sort of hard to put yourself under that microscope and yet we have to, if we are willing to put other people under the microscope we have to be willing to put ourselves under that same microscope and really look at what we are doing and how are we impacting positively or negatively.*
**Continued learning and growth.** Participants also take responsibility by continuing to learn about their privilege. They identified attending trainings, using specific consultation and supervision and also using nonclinical activities and literature to continue learning about privilege.

One participant described how she took responsibility for her own learning in graduate school as she saw that important aspects of race and privilege were missing:

> When I got to grad school I was pulling from those books. Like ok, no body here is talking about intersectionality, but I have Black Feminist thought on my bookshelf and I’m going to pull it down. No body assigned it, but I’m going to read it.

Another participant described how learning is an ongoing process and continue to builds. They state:

> Once you start looking at it [privilege] you take responsibility on . . . the more you know, the more you know. And you keep carrying it forward and you keep building on it and thinking about it. And you become more responsible for your actions and for your words and that comes with that continued growth.

Supervision and consultation were also named as an important place for practitioners to continue their learning and growth. One participant discussed how supervision impacted her learning and growth:

> Along with school I think what had a big impact in keeping that awareness going, was talking about it in supervision and you know being able to talk about it in consultation going forward in your career. My clinical supervisor was awesome and she brought that topic up a lot and it was a safe environment to talk about that topic and I could talk about how I was feeling and the countertransference and um that was a great place to learn a little more about what I was seeing and what I was feeling.

Another participant described how her team has created consultation groups that are specific for the population and client groups that they serve:
There is so much that we don’t want to have to go over in a regular consultation so we instituted a once a month consultation where we don’t have to explain any of the cultural parts, just sort of jump in and that keeps us more connected.

Finally, a few participants described how they engage in learning outside of clinical practice in order to grow and enhance their understanding of privilege.

I think being open to nonclinical information and resources. Like, having a life outside of clinical work really really helps. Like, read books, listen to music, go to the theater. Go see an art show by someone you’ve never heard of or seen. Do those kinds of things. I tend to lean toward the arts. Maybe some would go to a panel session or something. But do things that you are interested in and allow them to inform you, because they will allow you to come up with different perspectives and keep it bigger than mental health. It [these activities] doesn’t automatically address privilege, but it does get you out of your bubble. And being aware that there is a bubble is crucial to being able to see outside of it. And maybe [you get to] see some of your blind spots that your privilege allows you.

This participant went on to describe the importance reading the news and not to lose sight of the systems that under privilege clients have to deal with.

**Speaking up.** Another way participants took responsibility was speaking up about privilege. All seven participants noted the importance of talking about privilege and other inequalities within their personal and professional circles. This included talking to co-workers, clients, friends, family, and advocating for clients:

*When I hear comments or see injustices that are based on privilege, [it’s] just taking the extra effort to point it out and talk about it and not to just let it slide.*

One participant discussed her approach to bringing up the topic of privilege with her team at work:

*So, I try to do it individually if I can. If it’s a group thing, bring it to the group. But it’s about conversation and inviting people into conversation and it’s about really trying to get rid of the shame, and get to the heart of where things are coming from--why we’re thinking the way we are. And just hoping people see it differently. And then they have to take it from there.*

Another participant stated:
There have been situations where it’s like ok, this isn’t the right time [to speak up], I’m not going to put the client or patient in a situation where this is going to start an argument. But it’s pulling somebody aside later and saying hey you really should realize this; you should realize what your behavior was and how that can affect somebody.

Participants found themselves to be the ones speaking up about privilege up in their organizations:

When it [privilege] comes up, I feel like it is me bringing it to the table, versus it being there already.

She went on to state that her organization is open to her suggestions:

I love that I can say, [in my organization] “no, this is not okay, we need to look at this differently” and the organization responds. So I really appreciate that.

And this is not always the case. Another participant experienced the opposite reaction with her organization:

I feel that I’m a thorn in their side . . . I always feel like I’m advocating about things, it doesn’t mean that they’ve changed the policies that they are implementing but I think that it makes them think about things.

Participants reported that it’s difficult knowing how to speak up and talk about privilege. One participant described her feelings when she is with a client and can feel that her privilege is a factor in the relationship:

I feel like sometimes I should maybe just name it, and say it and I usually don’t, just because it feels uncomfortable. You know, so it’s like how do I say that?

Another participant described how difficult it is to talk about and explain privilege to other people because it is often talking about another person’s experience of oppression that you have not experienced personally. She states:

How can I speak to that [form of oppression] if I don’t experience that? Like how do I speak for someone’s else’s experience, and, so that has been a struggle for me to take this to a bigger level . . . How do I help you learn something differently?
Participants also described how it takes courage to bring this topic up, but noted it is necessary to speak up anyway. As one participant described: *I’d rather say something poorly than not say anything.*

**Roadblocks to Identifying Privilege**

All participants described a number of roadblocks that get in the way of staying attentive to privilege. They included: privilege is about blind spots, discomfort associated with privilege, privilege not top priority, and busyness and lack of time.

**Privilege is about blind spots.** All seven participants identified how difficult it is for them (and others) to see their own privilege. They said things like: *I don’t recognize all of my own privilege and I still don’t get it.* As one participant notes:

*The biggest barrier with any privilege, I think, is the blind spots that privilege itself allows us to have.*

Another participant mentioned how even being aware of privilege, you still miss things:

*I name my privilege a lot and I feel that I’m really aware of that and I feel that there are other times that I’m really unaware and it smacks me in the face.*

Participants also describe the frustrations of colleagues and professionals not seeing their own privilege and understanding the concept of privilege. They describe it as: *I think a lot of people don’t have a clue and they don’t understand it.* One participant explains:

*I have high expectations of myself and my peers and when they don’t get it, it’s like, “Come on now!” I don’t have patience for that.*

Several participants described factors that contribute to blind spots, noting their neighborhoods and distance from less privileged realities. Participants said: *most of us live in community that looks similar to ourselves and I’m in a community where it’s mostly white people.* Another reflected about how her work responsibilities at work have
started to distance her from clients and impacted her ability to stay attentive to her privilege. She stated:

*I think, as I get more responsibility here [at work] and I am with clients less it’s harder for me to remember [their reality]. As my income increases it’s harder to remember [to stay attentive to privilege]. It’s easier to leave that for somebody else to worry about, unfortunately.*

**Discomfort associated with privilege.** Participants noted that staying attentive to privilege is uncomfortable. They discussed how the topic of privilege is uncomfortable for themselves as well as others. They described the process as *challenging, difficult, intimidating* and *uncomfortable.* One participant describes the discomfort of saying something that will be unpopular:

*I think that the biggest difficulty . . . is speaking out in a place . . . that feels, not necessarily, not safe, ‘cause you can’t create safety all the time. But sort of like you know you are going to get a lot of push back.*

Participants also used the words: *shame, guilt, defensive* and *offensive* to describe reactions when privilege was confronted. Four of the seven participants specifically described feelings of shame, guilt, and defensiveness that they noticed comes up around the topic of privilege. One respondent stated:

*You get to the point where you hate being a white person, and it’s like ok, this isn’t about hating being a white person or a person of privilege. You can own it and be okay with it but recognize that not everybody has that, but you don’t have to walk around feeling bad about yourself either.*

Another participant described how the discomfort of shame gets in the way of addressing privilege:

*We have to take the shame out of it, because shame creates defensiveness and then I don’t want to do anything about it because I’m defensive.*

Finally, a participant described their experience with an organization when a complaint about racism had been brought to management:
I think everybody’s really scared if a client said something like, “That person is racist.” All of a sudden, everyone’s got their alarms up and we’ve got to handle this and deal with it . . . There’s this defense mechanism that goes up rather than just, let’s look at it, let’s talk about it, let’s talk about privilege, let’s talk about what this really means.

**Privilege not a top priority.** Four of the seven participants described how staying attentive to privilege was often not a top priority and was easily forgotten or put to the side.

A participant described this in relation to choosing trainings:

> If there’s going to be a training, then there’s ten other things that are way more pressing. Even though in the grand scheme of things you know it’s important to recognize privilege and to be aware of it, but it just isn’t a priority.

One participant described her perception of medical professionals and privilege:

> When you look into, like in dialysis, hospice, those medical fields. Nurses have their training, and I don’t know if they’re looking deeper or encouraged to look at white privilege at all. Doctors, I don’t think they necessarily do. Techs, I don’t think that’s a priority in those organizations and there has been little training there, unless it comes from a social worker talking with them on the floor. But then it’s like beating your head up against a wall.

Another participant doubted her level of attentiveness to privilege because supervisors don’t make that a priority:

> I don’t know that I do [stay attentive] and I think part of that is just because . . . I’m not talking, like when I go to supervision with my supervisor she’s not like asking me how I’ve been attentive to it, like it’s really not discussed at least not in that kind of a way, specifically.

**Busyness and lack of time.** All seven participants described how busyness and lack of time got in the way of staying attentive to privilege. They reported that other demands of the job often get in the way of attentiveness.

For example, a participant discussed letting things slide in order to get things done:

> We’re so busy so you want to let things slide. So I’ll do a work around you know what I mean, to not have to take the time to do it the right way and take an
educational moment or whatever the case might be . . . It takes extra time to come from that viewpoint and to concentrate about it and to make it important.

Another participant discussed how meeting the needs of the client took a lot more time than the therapeutic hour allows. Still another participant described how the busyness at work can cause staying attentive to privilege to fall by the wayside.

**Payoffs for Staying Attentive to privilege**

All seven participants acknowledged personal and professional benefits for staying attentive to their privilege. They discussed how it has enriched their lives and allowed them to connect with others in a deeper way. Participant’s comments included words about how awareness makes life richer, how it helps build strong relationships, how it increases understanding, and how it helps them look more critically at things. One participant described how being able to connect with others who are different is the payoff:

> It’s just amazing and it makes my life better to be around that. I know that’s part of it and I can have those connections more if I’m attentive to privilege and that makes my life richer. Sometimes it’s a little exhausting but that’s all right.

**Summary**

The findings chapter presented the following: description of research participants, observational data and themes that emerged from the data: taking responsibility, roadblocks to identifying privilege, and payoffs for staying attentive to privilege.
Discussion

This chapter will interpret the findings in this study. This will include discussing findings supported by the literature, unexpected findings, implications for practice, and implications for further research.

Findings Supported by the Literature

A significant number of the findings in this study are consistent with the literature. The finding that suggests social workers acknowledge their privilege and participate in reflective practice is heavily supported by the research (Goodman et al, 2004; Hillock, 2012; Lee & Bhuyan, 2013; Nicotera & Kand, 2009; Swenson, 1998; Wahler, 2012). Participants in this study recognized that it is hard to see privilege and that they miss things when they are not attentive (Hillock, 2012; Lee & Bhuyan, 2013). Additionally, they acknowledged that it is their responsibility to engage in reflective practice for their continued learning and growth. This can be attributed to the fact that privilege is invisible to the person who has it and is something that needs to be identified within one’s self. Participants correctly understood that this is accomplished through reflective practice. It is also apparent that participants who were most attentive to their privilege understood that this required initiative—no one was going to do it for them. The participant example of reading texts that were not assigned because she knew it was important speaks to this. This type of attentiveness made a few participants stand out as practitioners who are consistently attentive to their privilege.

The finding that participants had personal experiences or an interaction that awakened them to the understanding of privilege is supported by Wahler (2012) who suggests developing awareness and exposure to groups helps to break down stereotypes
and improve student attitudes. This finding was further supported by participants’ observations that being surrounded by people who are like them and having distance from direct work with clients contributed to forgetting about privilege. This suggests that an experience that made oppression real and personal assisted in participant’s acceptance and commitment to understanding their privilege and its impact.

That participants in this study reported discomfort in addressing privilege is consistent with the research (Bransford, 2011; Boatright-Horowitz et al, 2012; DiAngelo, 2011; McIntosh, 1988; Pitner & Sakamoto, 2005). While participants did not use the term “white fragility”, their discomfort suggests what DiAngelo (2011) meant, that discomfort significantly gets in the way of productive conversations about privilege. Ultimately, this means that social workers will continue to perpetuate oppressive systems just because people are uncomfortable. Let’s just sit with that a moment. My own or another person’s comfort, as people who hold privilege, is more important than the person who is experiencing oppression? That is not acceptable. Social workers need to learn how to anticipate this discomfort so that they can find ways of moving through it, rather than avoiding it.

**Unexpected Findings**

This study also presented a few unexpected findings. First, the finding that identified “busyness and lack of time” and “privilege is not a top priority” as roadblocks to identifying privilege, were not specifically mentioned within the literature. A possible explanation is that the voices of clinical social workers, specifically on the topic of privilege, have not been collected. Previous research focuses only on social justice and clinical practice. Therefore, there are not statistics that can confirm or deny the issues of
busyness, lack of time and privilege not prioritizing privilege. With increasing caseloads, paperwork and agency demands, it is not surprising that social workers in the field identified busyness and lack of time and privilege not a top priority as barriers. As one participant described: *Issues of privilege is not the only thing that gets brushed aside when we go to crisis to crisis but they are usually on the list.* This could suggest that allowing time for reflection, making attentiveness to privilege a priority and holding people accountable would help to increase social workers’ attentiveness to privilege.

Another unexpected finding was the payoffs that participants reported as a result of staying attentive to their privilege. Again this can be contributed to this new collection of voices from the clinical social work field. Their descriptions of how it enriched their lives, built stronger relationships, and gave them a better understanding and connection with people, exhibit all of the social work ethical principles of service: social justice, dignity and worth of the person, importance of human relationships, integrity, and competence ([http://www.socialworkers.org/pubs/Code/code.asp](http://www.socialworkers.org/pubs/Code/code.asp)). This could suggest that these participants have an intrinsic motivation to uphold these values and understood that attentiveness to privilege enabled them to do this.

A surprising connection was the finding that social workers take responsibility for their privilege in the same way that they incorporate social justice into practice, as described by O’Brien (2010). As with social justice, participants were able to describe advocacy, speaking up, and staying attentive as ways their understanding of privilege was applied to practice. This suggests that attentiveness to privilege is primarily happening on a micro level of practice. The participant’s who spoke about being the ones who bring the idea of privilege to their organization speaks to this. Organizations do not have a
universal understanding of privilege and vary in their attentiveness to privilege. This makes the individual social worker responsible for bringing this perspective.

Another interesting component of the findings was the absence of a critical analysis of the concept of power as it relates to privilege. The participants of this study did not use critical language such as vigilance, anti-oppressive, anti-racism, power or control. Instead, their language defining privilege and describing situations related to power was more vague and spoken in broad general terms. This could be explained by the fact that some of the participants were not as aware of privilege as they had thought, suggesting that the literature is calling for a more radical understanding of identifying and acknowledging privilege than what is being reported by participants. This could also imply that social workers are not fully equipped to be attentive to their privilege.

**Implications for Practice**

This research highlights a number of implications for social work practice. I will discuss the following implications for staying attentive to privilege: addressing privilege needs to be a priority, overcoming discomfort, improving social work education, and empowering practitioners.

**Addressing privilege needs to be a priority.** An overarching implication is that addressing privilege needs to become a priority and embedded into the way we practice social work. As a participant stated, “How do we weave these in so they are always there?” An important aspect of this study was the idea that privilege resides in our unconsciousness because as the findings suggest, privilege is invisible. The findings suggest that just by talking about privilege and being asked to write about it, participants became more aware and conscious of their privilege. This had an impact on their
interactions with clients and co-workers. The only way to ensure privilege is addressed is by making it a priority within our education, trainings, assessments, hiring, and policies and procedures. There has to be time and space allotted for these conversations to take place. This is important so that practitioners and agencies can strategically plan to incorporate staying attentive to privilege into their work schedule and responsibilities. Our inattentiveness to privilege has devastating impacts. As Peacock and Daniels (2006) state, “unless an organization is intentionally antiracist, everything it does will disproportionately benefit White people and disseminate racism” (p. 139). Letting attentiveness to privilege fall into the category of “getting it done when I have time” will only perpetuate oppression and continue to have a negative impact on our clients.

**Overcoming discomfort.** We need to accept that staying attentive to privilege is uncomfortable and move toward it rather than avoid it. Knowing that something is uncomfortable is a clear sign that there is something that needs to be addressed. The research by DiAngelo (2011), urges White people to build stamina for conversations around race. Adding consultation and supervision is an efficient and effective way to allow more opportunities for discussion on privilege. This has the potential to hold practitioners accountable while having a supportive space for social workers to gain awareness of their privilege, practice talking about it and deal with discomfort they may experience.

**Improving social work education.** Social workers need to fully understand the dynamics of privilege in order to serve clients and advocate for anti-oppressive practices. Once MSW students graduate, they hit the ground running. If they haven’t had the tools to make necessary changes about addressing privilege, it appears they will fall by the
wayside. Social work education needs to find a way to bridge the gap between theory and practice. This starts by integrating an understanding of privilege into every aspect of our education including history, policy, human behavior and psychopathology classes. An interesting element of the findings was that language around power was missing from participant’s descriptions of privilege. Until we acknowledge that privilege is power, we will continue to underestimate its impact and it will continue to fall away from our priorities. Students should have the opportunity to develop a critical and comprehensive understanding about how power dynamics and oppression show up in social work practice and understand their own personal history as it relates to privilege. Students can practice their skills of staying attentive to privilege in consultation, self-reflection and experiential internships throughout their education. This will give students time and support to gain expertise and confidence in these skills and transfer them to practice after graduation. This model calls for a radical reworking of curriculum as we know it.

Mindrup, Stray and Lamberghini-West (2011) stress the importance of a robust curriculum in white privilege and multicultural training. Instead of these topics being discussed as a side note or just in one week of classes it should always be on the table and discussed thoroughly in every aspect of social work learning and practice.

Additionally, social work education needs to be realistic and recognize that staying attentive to privilege will remain the responsibility of the student, most likely throughout their career in social work. Organizations and supervisors are unlikely to hold their employees accountable or bring up the topic of privilege for them. Students and alumni need specific tools, resources and support in order to stay committed to staying attentive to privilege. This could include blogs and other social media, discussions, and
outside consultation groups that address these issues and provide the needed support and accountability. Student should be empowered to bring this topic into their organizations in order to impact the social work system from the inside out.

**Empowering practitioners.** Staying attentive to privilege needs to be built into the expectations of continuing education of practitioners. This study confirmed that the primary responsibility of staying attentive to privilege is on the practitioner. While practitioners may have an understanding of the concept of privilege, it still remains buried in the unconscious. Unless they are very attentive to it, it becomes forgotten and other things take priority. These conversations need to continue to happen in supervision, consultation and at the tables of decision makers. Participants suggested talking about privilege in consultation and supervision and going to trainings. Another suggestion is for organizations to set aside time for reading, writing and reflection on privilege and time to discuss with supervisors and peers. These would be simple and cost effective measures to implement into practice.

**Implication for Future Research**

It would be useful to replicate this study with stricter screening tools to determine if in fact the participants are actively being attentive to their privilege or if they are just willing to acknowledge it and talk about it as it comes up in their practice. One option would be to use the first five questions of this interview schedule (Appendix C) or ask specifically how potential participants have stayed attentive to their privilege in the last two weeks. The results of such a study could better describe tangible things that social workers can do to further understand their privilege and how to respond to it. Another study would also be valuable to gather additional voices of clinical social workers. It
would be important to replicate the study in other metro and rural areas in addition to the Twin Cities, to see if the findings remain constant or if new themes emerge.

Another possibility is to do action research using focus groups of clinical social workers to explore how to connect theoretical understanding of privilege to practice. It would be useful to have focus groups identify how social work education could be improved and how organizations and co-workers could better support clinicians in staying attentive to their privilege. This type of format would also be useful to explore how social workers have dealt with discomfort, defensiveness, guilt and shame that come up when privilege is discussed. These are significant barriers to staying attentive to privilege and would be worthwhile to explore tools that social workers have used to break them down.

Finally, there is a growing body of research and resources that address the importance of staying attentive to privilege and understanding oppression. A systematic review of literature on how other fields of study (i.e. education) are addressing privilege would provide helpful information that could be translated to social work education and practice.
Conclusion

If social workers want to stay true to our mandate of social justice then staying attentive to privilege is an issue that needs to be a priority in all levels of our education and practice. This is challenging, yet important work for us to tackle. This is not a topic that most of us have a lot of experience discussing, confronting or even thinking about. It can feel personal and evoke feelings of shame, guilt and defensiveness. However, these are not excuses to hide from this topic. If fact, it is all the more reason we need to face it head on. When I read how inattentiveness to privilege will, “perpetuate inequality and oppression” (Hillock, 2012, p. 48), marginalize clients (Lee and Bhuyan, 2013), and uphold the values of the dominant culture (Swenson, 1998), it gets my attention. I do not want to be part of that. Without interrogating our privilege we will be continuing to maintain the status quo of oppression and injustice. Our clients face daily oppression in our communities; they deserve spaces that are safe and relationships that are understanding and trustworthy. As social workers we have the opportunity to provide that, but it does not happen just with good intentions. It takes commitment, practice and humility to admit our mistakes.

The role of social work education cannot be stressed enough. Every year, excited and passionate graduates disperse into our community, each of them choosing different aspects of social work to practice. This is an amazing opportunity to send committed and equipped social workers to change the systems of oppression from the inside out. In order for this to happen social work education needs to be clearer on our theoretical lens and how issues of oppression and injustice are understood and presented. If students leave without accepting and understanding their privilege and its impact, we have failed
them and we have failed our clients. As social workers we can do better and our clients deserve better.
References


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http://workforce.socialworkers.org/studies/fullStudy0806.pdf


doi:10.1177/0886109912437494


doi:10.1080/02650533.2010.544847


https://www.youtube.com/watch?v=xfD3f5C_w


Study looking for Clinical Social Workers to participate in research on “How Clinical Social Workers Stay Attentive to their Privilege Once in Practice?”

MSW Graduate student looking for participants to share how they are staying attentive to their privilege in practice.

Who are we looking for?

Participants must meet the following criteria: 1) have an LICSW, 2) be in direct practice, providing direct mental health services to clients and 3) have a commitment to identifying privilege in their personal and professional life.

Participants will participate in one individual interview with the researcher and one focus group with other participants in the study. Participants will also be asked to keep a journal to reflect their thoughts about privilege in practice during this process. With your permission, this journal will be collected by the researcher.

The topic of this project may cause emotional discomfort. Findings may not always reflect positively on participants given that practitioners are not always conscious of their privilege, make mistakes and feel guilty. For this reason, a focus group component is included in this study as a way of providing additional support to participants and helping them see that they are not alone in maintaining awareness, making mistakes, etc. All participants are licensed social workers, however, and are well aware of the importance of confidentiality. We will also discuss this issue during our focus group.

The study has no direct benefits, but participants will potentially gain access to other clinicians who are interested and committed to addressing privilege. This will increase their network of professionals to share ideas with, be held accountable and further their own work around privilege. This process will likely have a profound impact on participants both personally and professionally.

For more information or to sign up to participate, please contact Nikki Kaul @ nlkaul@stthomas.edu or XXX.XXX.XXXX
Appendix B

**CONSENT FORM**
**UNIVERSITY OF ST. THOMAS**
**GRSW682 RESEARCH PROJECT**

**Clinical Social Workers and Their Attentiveness to Privilege**

I am conducting a study about how clinical social workers incorporate social justice principles in their practice. I invite you to participate in this research. You were selected as a possible participant because of your work as a clinical social worker and your commitment and interest in identifying your privilege. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Nicole Kaul, a graduate student at the School of Social Work, Catherine University/University of St. Thomas and supervised by Dr. Mari Ann Graham.

**Background Information:**
The purpose of this study is to understand how clinical social workers stay attentive to their privilege once in practice.

**Procedures:**
If you agree to be in this study, I will ask you to do the following things: participate in a 60-90 minute, audio-taped individual interview, reflect in journal entries about privilege, and participate in a 90-120 minute focus group with other practitioners. The interview, journal entries and focus group will be transcribed and coded. The findings will then be published and available on the Sophia system at the University of St. Thomas and St. Catherine University. Findings will also be presented to the public.

**Risks and Benefits of Being in the Study:**
The topic and vulnerability of this project may cause emotional hardship. Findings may not always reflect positively on the participant, so there is a risk of this having a negative impact on the participant.

The study has no direct benefits. However, participants will be will potentially gain access to other clinicians that are interested and committed to addressing privilege. This will increase their network of professionals to share ideas with, be held accountable and further their own work around privilege. This will have a profound impact both personally and professionally.

**Confidentiality:**
The records of this study will be kept confidential. Interviews will be recorded and transcribed by the researcher. Recordings will be kept on a password-protected device and research records will be kept in a locked file. I will also keep the electronic copy of the transcript in a password-protected file on my computer. I will delete any identifying information from the transcript. Findings will be published and presented to the public May 18, 2015. The audio recording and transcript will be destroyed by June 1, 2019.
Voluntary Nature of the Study:
Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop participation in the study at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used.

Contacts and Questions
My name is Nicole Kaul. You may ask any questions you have now. If you have questions later, you may contact me at XXX-XXX-XXXX. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

______________________________  __________________
Signature of Study Participant      Date

______________________________
Print Name of Study Participant

______________________________  __________________
Signature of Researcher            Date
Individual Interview Schedule:

1. Tell me about yourself?
   a. How long have you been a social worker?
   b. What is your current role and responsibilities?
2. What does the word privilege mean to you?
3. Tell me about how you became aware of your privilege?
4. How did your journey of understanding and recognizing your privilege start?
5. What motivated you to commit yourself to this?
6. How did your education have an impact on your commitment to privilege?
7. What are helpful tools or things that you’ve learned along the way?
8. What difficulties have you had in continuing to stay committed to the work?
9. What has been challenging about linking your understanding of privilege to your professional interactions with organizations?
   a. With staff?
   b. With clients?
10. What has worked well for you in terms of staying attentive to privilege?
11. What barriers have you come up against when trying to address your privilege in practice?
12. How do you hold yourself accountable in doing this work?
   a. And if not, what has made this difficult?
13. How do you hold others accountable?
   a. And if not, what is difficult in staying accountable?
14. In what ways have you seen this work that you’ve done around privilege impact your clients?
   a. Your co-workers?
   b. Your organizations?
   c. You personally?

15. Is there anything else you would like to add?
Appendix D

Follow-up Interview Instrument

1. As we start, was there anything that stood out to you since your interview last week?

2. You have each been keeping a journal from the time we met until now. Were there any themes that emerged in your writing?
   a. I’m also interested in anything that surprised you or was unexpected that came up in our individual interview or your journaling?

3. Did talking about this topic with me lend itself to further discussion of privilege within your organization? Please share about those conversations.
   a. How about with colleagues?
   b. How about with clients?

4. Are there ways that you think your organization and/or colleagues can stay more attentive to their privilege?
   a. What are they?

5. What are barriers to staying attentive to privilege?

6. What resources have you found helpful in learning about your privilege?

7. How have you utilized community to help you?

8. If you could give advice about identifying privilege to new social workers in the field, what would it be?

9. What would you like to say that I haven’t asked you about?